

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

989  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808. Phone (225)763-8777 or 1(800)842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY  
Postmark Date: 1/11/03

L5UPP

1022594

1. NAME: Johnson \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

2. BUSINESS PHONE: (225) 382-3648

3. BUSINESS ADDRESS: One American Place, 9th Floor  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ LA \_\_\_\_\_ 70825 \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS: Same  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. EMPLOYER: McGlinchey Stafford, P.L.C. \_\_\_\_\_

5. EMPLOYER'S ADDRESS: Same  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: Audubon Institute \_\_\_\_\_

Address: P.O. Box 4327, New Orleans, LA 70178 \_\_\_\_\_

Business or purpose: New Orleans City Government Issues \_\_\_\_\_

New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of: 4/7/03

## SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number:

2. Name

Address

Business or purpose

New Representation

Does this person pay you?

If No, who pays you?

Terminated Representation as of

3. Name

Address

Business or purpose

New Representation

Does this person pay you?

If No, who pays you?

Terminated Representation as of

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist